

State/Territory: Oklahoma

AMOUNT, DURATION AND SCOPE OF SERVICES PROVIDED
MEDICALLY NEEDY GROUP(S): All Groups

The following ambulatory services are provided.

1. Outpatient Hospital Services and Rural Health Clinic Services
2. Other Laboratory and X-Ray Services
3. EPSDT
4. Family Planning
5. Physician's Services
6. Catastrophic Drugs
7. Catastrophic Blood
8. Transportation
9. Clinic Service
10. Dental

STATE <u>OK</u>	A
DATE REC'D <u>JAN 02 1987</u>	
DATE APPV'D <u>AUG 11 1987</u>	
DATE EFF <u>OCT 01 1986</u>	
HCFA 179 <u>86-20</u>	

*Description provided on attachment.

Revised 10-01-86

TN No. 86-20
Supersedes
TN No. 81-12

Approval Date AUG 11 1987

Effective Date OCT 01 1986

HCFA ID: 0140P/0102A

State/Territory: OKLAHOMA

AMOUNT, DURATION, AND SCOPE OF SERVICES PROVIDED
MEDICALLY NEEDY GROUP(S): All Groups

1. Inpatient hospital services other than those provided in an institution for mental diseases.

☒ Provided: ☐ No limitations ☒ With limitations*

- 2.a. Outpatient hospital services.

☒ Provided: ☐ No limitations ☒ With limitations*

- b. Rural health clinic services and other ambulatory services furnished by a rural health clinic and covered under the Plan.

☒ Provided: ☐ No limitations ☒ With limitations*

- c. Federally qualified health center (FQHC) services and other ambulatory services that are covered under the plan and furnished by an FQHC in accordance with section 4231 of the State Medicaid Manual (HCFA-Pub. 45-4).

☒ Provided: ☒ No limitations ☐ With limitations*

3. Other laboratory and X-ray services.

☒ Provided: ☐ No limitations ☒ With limitations*

- 4.a. Nursing facility services (other than services in an institution for mental diseases) for individuals 21 years of age or older.

☐ Provided: ☐ No limitations ☐ With limitations*

- b. Early and periodic screening, diagnostic and treatment services for individuals under 21 years of age, and treatment of conditions found.

- c. Family planning services and supplies for individuals of childbearing age.

☒ Provided: ☐ No limitations ☒ With limitations*

*Description provided on attachment.

Revised 10-01-91

TN No. 92-04
Supersedes _____
TN No. _____

Approval Date **FEB 28 1992**

Effective Date **OCT -1 1991**

HCFA ID: 7986E	
STATE <u>Oklahoma</u>	A
DATE REC'D JAN 27 1992	
DATE APP'D FEB 28 1992	
DATE EFF OCT -1 1991	
HCFA 179 <u>92-04</u>	

State/Territory: OKLAHOMA

AMOUNT, DURATION AND SCOPE OF SERVICES PROVIDED MEDICALLY NEEDY
GROUP(s): All Groups

5.a. Physicians' services, whether furnished in the office, the patient's home, a hospital, a nursing facility, or elsewhere.

Provided: No limitations X With limitations*

b. Medical and surgical services furnished by a dentist (in accordance with section 1905(a)(5)(B) of the Act).

Provided: No limitations X With limitations:

STATE <u>Oklahoma</u>	A
DATE REC'D <u>OCT 04 1993</u>	
DATE APP'D <u>OCT 27 1993</u>	
DATE EFF <u>7-1-93</u>	
HCFA 179 <u>93-15</u>	

*Description provided on attachment.

TN No. 93-15 Revised 07-01-93
Superseded 92-03 Approval Date OCT 27 1993 Effective Date
TN No. 92-03

State/Territory: Oklahoma

AMOUNT, DURATION AND SCOPE OF SERVICES PROVIDED
MEDICALLY NEEDY GROUP(S): All Groups

6. Medical care and any other type of remedial care recognized under State law, furnished by licensed practitioners within the scope of their practice as defined by State law.

a. Podiatrists' Services

☒ Provided: ☐ No limitations ☒ With limitations*

b. Optometrists' Services

☒ Provided: ☐ No limitations ☒ With limitations*

c. Chiropractors' Services

☐ Provided: ☐ No limitations ☐ With limitations*

d. Other Practitioners' Services

☒ Provided: ☐ No limitations ☒ With limitations*

7. Home Health Services

- a. Intermittent or part-time nursing service provided by a home health agency or by a registered nurse when no home health agency exists in the area.

☐ Provided: ☐ No limitations ☐ With limitations*

- b. Home health aide services provided by a home health agency.

☐ Provided: ☐ No limitations ☐ With limitations*

- c. Medical supplies, equipment, and appliances suitable for use in the home.

☐ Provided: ☐ No limitations ☐ With limitations*

- d. Physical therapy, occupational therapy, or speech pathology and audiology services provided by a home health agency or medical rehabilitation facility.

☐ Provided: ☐ No limitations ☐ With limitations*

A	
STATE	OK
DATE REC'D	JAN 02 1987
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HCFA 179	86-20

*Description provided on attachment.

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TN No. 86-20

AUG 11 1987

Supersedes

Approval Date

Effective Date

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TN No. 86-12 + 866

HCFA ID: 0140P/0102A

State/Territory: Oklahoma

AMOUNT, DURATION AND SCOPE OF SERVICES PROVIDED
MEDICALLY NEEDY GROUP(S): All Groups

8. Private duty nursing services.

☐ Provided: ☐ No limitations ☐ With limitations*

9. Clinic services.

☒ Provided: ☐ No limitations ☒ With limitations*

10. Dental services.

☒ Provided: ☐ No limitations ☒ With limitations*

11. Physical therapy and related services.

a. Physical therapy.

☐ Provided: ☐ No limitations ☐ With limitations*

b. Occupational therapy.

☐ Provided: ☐ No limitations ☐ With limitations*

c. Services for individuals with speech, hearing, and language disorders provided by or under supervision of a speech pathologist or audiologist.

☐ Provided: ☐ No limitations ☐ With limitations*

12. Prescribed drugs, dentures, and prosthetic devices; and eyeglasses prescribed by a physician skilled in diseases of the eye or by an optometrist.

a. Prescribed drugs.

☒ Provided: ☐ No limitations ☒ With limitations*

b. Dentures.

☐ Provided: ☐ No limitations ☐ With limitations*

*Description provided on attachment.

Revised 10-01-86

STATE OK
DATE REC'D JAN 02 1987
DATE APPV'D AUG 11 1987
DATE EFF OCT 01 1986
HCFA 179 86-20

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HCFA ID: 0140P/0102A

State/Territory: OKLAHOMA

AMOUNT, DURATION, AND SCOPE OF SERVICES PROVIDED
MEDICALLY NEEDY GROUP(S): All Groups

c. Prosthetic devices.

X Provided: No limitations X With limitations*

d. Eyeglasses.

X Provided: No limitations X With limitations*

13. Other diagnostic, screening, preventive, and rehabilitative services,
i.e., other than those provided elsewhere in this plan.

a. Diagnostic services.

 Provided: No limitations With limitations*

b. Screening services.

X Provided: No limitations X With limitations*

c. Preventive services.

 Provided: No limitations With limitations*

d. Rehabilitative services.

X Provided: No limitations X With limitations*

14. Services for individuals age 65 or older in institutions for mental
diseases.

a. Inpatient hospital services.

 Provided: No limitations With limitations*

b. Nursing facility services.

 Provided: No limitations With limitations*

*Description provided on attachment

Revised 07-01-94

TN# 94-14 Approval Date DEC 07 1994 Effective Date JUL 01 1994
Supersedes
TN# 90-24

A	
STATE	OKLAHOMA
DATE REC'D	SEP 26 1994
DATE APP'D	DEC 07 1994
DATE EFF	JUL 01 1994
HCFA 179	

Revision: HCFA-PM-86-20 (BERC)
SEPTEMBER 1986

Attachment 3.1-B
Page 5a-2.1

State OKLAHOMA

AMOUNT, DURATION AND SCOPE OF SERVICES PROVIDED
MEDICALLY NEEDY GROUP(S): All Groups

3.b. Screening Services

Refer to Attachment 3.1-B, Page 2a-4.

STATE	<i>oklahoma</i>	
DATE	<i>12-30-99</i>	
DATE	<i>3-14-00</i>	
DATE	<i>12-1-99</i>	
HCFA ID#	<i>99-23</i>	<i>A</i>

Revised 12-01-99

TN# _____
Supersedes
TN# *97-01*

Approval Date *3-14-00*

Effective Date *12-1-99*

State/Territory: OKLAHOMA

AMOUNT, DURATION AND SCOPE OF SERVICES PROVIDED
MEDICALLY NEEDY GROUP(S): _____

15. Intermediate care facility services in a public institution (or distinct part thereof) for the mentally retarded or persons with related conditions, for persons determined, in accordance with Section 1902(a)(31)(A) of the Act, to be in need of such care.

☐ Provided: ☐ No limitations ☐ With limitations*

16. Inpatient psychiatric facility services for individuals under 22 years of age.

☒ Provided: ☐ No limitations ☒ With limitations*

17. Nurse-midwife services.

☒ Provided: ☒ No limitations ☐ With limitations*

18. Hospice care (in accordance with section 1905(o) of the Act).

☐ Provided: ☐ No limitations ☐ With limitations*

*Description provided on attachment.

Revised 10-01-90

TN No. 90-24

Superseded

TN No. 87-10

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STATE	<u>Oklahoma</u>	A
DATE RECD	<u>1-7-92</u>	
DATE RECD	<u>JAN 17 1992</u>	
DATE EFF	<u>10-1-90</u>	
HCFA 179	<u>90-24</u>	

State/Territory: OKLAHOMA

AMOUNT, DURATION, AND SCOPE OF SERVICES PROVIDED
MEDICALLY NEEDY GROUP(S): All Groups

19. Case management services and Tuberculosis related services

- a. Case management services as defined in, and to the group specified in, Supplement 1 to ATTACHMENT 3.1-A (in accordance with section 1905(a)(19) or section 1915(g) of the Act).

☒ Provided: ☒ With limitations*

☐ Not provided.

- b. Special tuberculosis (TB) related services under section 1902(z)(2)(F) of the Act.

☒ Provided: ☒ With limitations*

☐ Not provided.

20. Extended services for pregnant women.

- a. Pregnancy-related and postpartum services for a 60-day period after the pregnancy ends and for any remaining days in the month in which the 60th day falls.

☒ Provided: ☒ Additional coverage⁺⁺

- b. Services for any other medical conditions that may complicate pregnancy.

☒ Provided: ☒ Additional coverage⁺⁺ ☐ Not provided.

21. Certified pediatric or family nurse practitioners' services.

☒ Provided: ☐ No limitations ☒ With limitations*

☐ Not provided.

- + Attached is a list of major categories of services (e.g., inpatient hospital, physician, etc.) and limitations on them, if any, that are available as pregnancy-related services or services for any other medical condition that may complicate pregnancy.

- ++ Attached is a description of increases in covered services beyond limitations for all groups described in this attachment and/or any additional services provided to pregnant women only.

*Description provided on attachment.

TN No. 94-23

Supersedes

TN No. 94-13

Approval Date 12/27/94

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Effective Date 10/01/94

STATE	<u>Oklahoma</u>	A
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DATE EFF	<u>10-01-94</u>	
HCFA 179	<u>94-23</u>	

Revision: HCFA-Region VI
AUGUST 1990

ATTACHMENT 3.1-B
Page 7a-2

STATE OKLAHOMA

21. Payment will be made for primary care health services to pediatric and family nurse practitioners (known as Advanced Practice Nurses under the Nurse Practice Act of Oklahoma) within the scope of their practice under State Law. Advanced Practice Nurses' services will be subject to the same amount, duration and scope as physicians.

STATE <u>Oklahoma</u>	A
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DATE <u>10-14-98</u>	
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